THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL EXPENSE VOUCHER
DIVISION NAME:
ACCOUNT: 0000-0000

{FOR BU's: 1, 2, 3, 4A, 6 and 9 ONLY}

NAME OF EMPLOYEE	
OFFICIAL HEADQUARTERS	
BARGAINING UNIT	

DATE	DESCRIPTION Itemize by day and explain fully, including cities and towns visited. When listing privately-owned car mileage, report under "Purpose" the names, if any, of all other employees transported, together with the city or town and addresses between which they are transported.
	TOTALS
	TOTALS BY OBJECT CODE $

Ple

IN-STATE TRAVEL
CONFERENCE, TRAINING AND REGISTRATION
EXIGENT JOB-RELATED EXPENSES
OUT OF STATE TRAVEL - OTHER

DEPARTMENT OF PUBLIC HEALTH

			EMPLOYEE ID#				
		HOME ADDRESS					
CONSULTANT:			REGULAR WORK HOURS:				
Y	N	M		T	W	TH	F

PRIVATE Auto Mileage Miles	Amount	Odometer Reading Beginning/Ending		MEALS Breakfast	Lunch	Supper
	-	-	-			
	-	-	-			
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ase fill out for each Object code

OBJECT CODE

B02	$	-
B05		
B10		
B01	$	-

	DATE PREPARED	
	1-May-05	
HOTEL	**OTHER TRAVEL EXPENSES TIPS FARES**	**TOTAL EXPENSES**
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
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$ -	$ -	$ -

OUT OF STATE TRAVEL - AIRFARE	
OUT OF STATE TRAVEL - HOTEL/LODGING	
TRAVEL AND OTHER EXPENSES FOR CONTRACTED SERVICES	
TOTAL AMOUNT	

Signed _____

TRAVELER

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the Travel Rules and Regulations.

Signed _____

SUPERVISOR

BB1	$		-
B1B	$		-
C98	$		-
	$		-

_____
APPROVING AUTHORITY SIGNATURE

DATE

Cell: B6
Comment: ENTER
           DIVISION NAME

Cell: B7
Comment: ENTER
           ACCOUNT NO

Cell: A23
Comment: PLEASE ENTER DATE

Cell: B23
Comment: THIS IS A MANADATORY FIELD!!!!

           PLEASE ENTER A DESCRIPTION

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